

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	J.A		08/02/01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Tequest	925	08-02-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✗	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	4-29-05
2	✓	✓	4-29-05
3	✓	✓	4-29-05
4	✓	✓	4-29-05
5	✓	✓	4-29-05
6	✓	✓	4-29-05
7	✓	✓	4-29-05
8	✓	✓	4-29-05
9	✓	✓	4-29-05
10	✓	✓	4-29-05
11	✓	✓	4-29-05
12	✓	✓	4-29-05
13	✓	✓	4-29-05
14	✓	✓	4-29-05
15	✓	✓	4-29-05
16	✓	✓	4-29-05
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18	✓	✓	4-29-05
19	✓	✓	4-29-05
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23	✓	✓	4-29-05
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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